

Items To Submit with Loan Application

When returning loan application, please include the following items:

1. Social Security Income Verification (please call Social Security Administration, they will mail you a copy or go by and pick up a copy at 2010 S. Church Street, Burlington, NC 27215.)
2. If employed, fill out Income Verification Form; sign form and attach your last two (2) pay stubs (applicant and spouse.)
3. If receiving a Retirement Pension, fill in information and sign form.
4. If receiving Child Support, fill in information and sign form.
5. Include a copy of your (home) insurance policy.
6. Include a copy of City and County tax cards.
7. Include a copy of "Deed" to show ownership of the property.
8. Include Temporary Move Agreement (fill out form and sign name.)
9. Include Lead-Based Paint Form (fill out form and sign name.)
10. Include Noise Control Form (fill out form and sign name.)
11. Please make sure all forms that require the signature of a "witness" is signed before returning application.

Homeowner's and/ or Entity Application
City of Burlington, P.O. Box 1358 Burlington, NC 27216-1358
Phone: 336-222-5070 Fax: 336-513-5410

Owner and/ or Entity: _____

Address: _____

Phone Numbers

Home: _____ Work: _____ Cell Phone: _____

PLEASE CIRCLE THE APPROPRIATE RACE (White, Black, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, Asian, White, Hispanic or Latino, Black/African America, Asian & American, American Indian/Alaska Native & Black/African American, Other Multi Racial, Not Hispanic or Latino)

AGE OF APPLICANT: _____ NO. IN HOUSEHOLD: _____

MARITAL STATUS: **M S W D** DIVORCED DATE: _____

APPLICANT SOCIAL SECURITY NUMBER: _____

SPOUSES'S SOCIAL SECURITY NUMBER: _____

HOMEOWNER'S INSURANCE INFORMATION

DO YOU HAVE HOMEOWNERS INSURANCE? YES___ NO___

LOCAL INSURANCE COMPANY: _____

ADDRESS: _____ PHONE NUMBER: _____

AMOUNT OF COVERAGE ON DWELLING: \$ _____ ANNUAL PREMIUM: \$ _____

RENEWAL DATE: _____

MORTGAGE INFORMATION

MORTGAGE COMPANY: _____

ADDRESS: _____ TELEPHONE NO.: _____

ORIGINAL LOAN AMOUNT: \$ _____

BALANCE: \$ _____ MONTHLY PAYMENT: \$ _____

DO YOU HAVE A SECOND OR THIRD MORTGAGE ON YOUR PROPERTY? YES___ NO___
HOW MUCH IS OWED? _____

ARE YOU IN BANKRUPTCY/CHAPTER 13 PROCEEDINGS? YES___ NO___

JUDGEMENT RECORD: Do you or your co-applicant have on record any unpaid judgments?
YES___ NO___

UNPAID COLLECTIONS: Do you or your co-applicant have on record any unpaid collections in the Credit Bureau? **YES___ NO___**

FORECLOSURE RECORD: Have you ever been obligated on a home loan or a home improvement loan, which resulted in foreclosure, deed in lieu of foreclosure, or judgment? **YES___ NO___**

HOUSEHOLD COMPOSITION *(If additional household members please include on separate sheet of paper):*

NAME: _____ RELATIONSHIP _____ DATE OF BIRTH _____

NAME: _____ RELATIONSHIP _____ DATE OF BIRTH _____

NAME: _____ RELATIONSHIP _____ DATE OF BIRTH _____

NAME: _____ RELATIONSHIP _____ DATE OF BIRTH _____

Children under the age of six that visit the home at least twice a week, at least 6 hours per week, and at least 60 hours per year *(If more please include on separate sheet of paper):*

NAME: _____ RELATIONSHIP _____ DATE OF BIRTH _____

NAME: _____ RELATIONSHIP _____ DATE OF BIRTH _____

NAME: _____ RELATIONSHIP _____ DATE OF BIRTH _____

EMPLOYMENT RECORD

ARE YOU EMPLOYED? **YES NO** YEARS EMPLOYED: _____

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ GROSS MONTHLY INCOME: \$ _____

If any other members of household are employed please include their information below or on an additional sheet.

OTHER HOUSEHOLD MEMBERS EMPLOYEMENT INFORMATION

YEARS EMPLOYED: _____

EMPLOYER: _____ POSITION: _____

ADDRESS: _____ GROSS MONTHLY INCOME: \$ _____

ARE YOU / FAMILY MEMBER DISABLED? (Physically Impaired) **YES NO**

IF YES, PLEASE DESCRIBE: _____

DO YOU RECEIVE SOCIAL SECURITY BENEFITS? YES _____ NO _____

IF YES, PLEASE ATTACH A COPY OF YOUR MONTHLY BENEFIT PAGE.

DO YOU RECEIVE CHILD SUPPORT? YES _____ NO _____

DO YOU RECEIVE ANY INTEREST OR DIVIDENDS? YES _____ NO _____

DO YOU RECEIVE ANY OTHER INCOME? YES _____ NO _____

IF SO THEN PLEASE

EXPLAIN _____

RELOCATION INFORMATION

IF NECESSARY, ARE YOU WILLING TO BE RELOCATED WHILE LEAD WORK IS BEING PERFORMED?
YES _____ **NO** _____

IF RELOCATION IS NECESSARY, CAN YOU STAY WITH FAMILY OR FRIENDS WHILE LEAD WORK IS
BEING PERFORMED? **YES** _____ **NO** _____

IF RELOCATION IS NECESSARY, WILL YOU NEED ACCOMODATIONS WHILE LEAD WORK IS BEING
PERFORMED? **YES** _____ **NO** _____

***PLEASE FILL OUT THE FOLLOWING INFORMATION REGARDING THE PRESENT
CONDIDITION OF YOUR HOME.***

Exterior Foundation

1. Foundation

- A. Made of: Concrete Block_____Stone_____Brick_____Other_____
- B. Does your home have a: Basement?_____Crawl Space?___Concrete Pad?_____
- C. Does the basement leak? No_____A little_____Quite a bit_____
- D. Describe the location of the leak:_____
- E. Describe the foundation condition: Good_____Cracked_____Collapsing_____

2. Siding

- A. Siding is: Wood____Vinyl_____Cement Shingle_____Brick____Other_____
- B. Is the condition of the siding material: Good?___Fair?_____Poor?_____
- C. Does the siding need painting: immediately?_____Soon?___Much later?_____

3. Roof

- A. Is it: Flat?_____Gabled?_____Shed?_____
- B. How old is the roof?_____years
- C. In what condition is the roof? Excellent?Good?___Fair?___Poor?_____
- D. Are there are any leaks at this time?_____
- E. Location of leaks:_____

4. Other Exterior Problems I'd Like to Fix:_____

Interior Inspection

1. Plumbing

A. Is the water pressure: Good?_____Fair?_____Poor?_____

B. Does the sewer back up: Never?_Sometimes?_____Frequently?_

C. Please circle the appropriate response:

	Does at least one work properly?		Describe the condition?		
	Yes	No	Good	Fair	Poor
Toilet					
Bathroom sink					
Kitchen sink					
Shower					
Tub					
Water heater					
Sump pump					
Well pump					

D. Is City water connected to your home? Yes_____No_____

E. Is City sewer connected to your home? Yes_____No_____

F. If no, do you have:
Septic Tank_____Age of system_____Date of most recent pumping__

G. Are you having any problem with natural gas supply? No_____Yes_

H. The overall condition of you plumbing system is: Good__Fair__Poor__

I. Pipes freeze in the winter: Never?_____Seldom?_____Often?_____

2. Wiring

A. Does your home have any dangerous wiring? No_____Yes_____

B. Does fuses blow and/ or breakers trip: Never_____Sometimes__Often_____

C. How many fixtures and appliances are plugged into extension cords?____

3. Heating/Cooling

A. Check each of the following types of heating methods you now use:

Electric__Gas_____Oil_____

Floor furnace_____Wall furnace_____Central heat_____

Small gas room heater_____Portable electric heater_____

Wood burning heater_____Steam heat_____Kitchen range_____

B. How many of the rooms are presently heated?__

C. Do you think the heating/cooling system in your home is adequate?

No____Yes____Why?_____

D. Can you presently smell natural gas in your home? No____Yes_____

4. Kitchen/Bath

A. Is the condition of your home's kitchen floor: Good?__Fair?__Poor?_

B. Is the condition of your home's kitchen walls: Good?__Fair?__Poor?_

C. Is the condition of your home's kitchen cabinets: Good?__Fair?__Poor?_

D. Is the condition of your home's kitchen ceiling: Good?__Fair?__Poor?_

E. Is the condition of your home's bathroom floors: Good?__Fair?__Poor?_

F. Is the condition of your home's bathroom walls: Good?__Fair?__Poor?_

G. Is the condition of your home's bathroom ceilings: Good?__Fair?__Poor?_

5. Overall Condition

A. How many rooms are in your house (not counting bathrooms)?_____

B. How many bedrooms?__

C. Does your home have a smoke alarm? Yes_____No_____

D. Do all doors open and lock properly? Yes_____No_____

D. If no, describe problems:_____

F. Do all windows open and lock properly? Yes____No__

G. If no, describe problems: _____

H. Would you describe the conditions at your home: Good?__Fair?__Poor?_

I. Are there any other structural defects that you are aware of? Yes__No__
Briefly describe the defects and their location:

J. Briefly describe any dangerous conditions at your home which need immediate attention.
Include any other remarks you wish to make:_____

K. What items are on your wish list if you have enough money?_____

Signatures:

Homeowner

Date

Homeowner

Date

PLEASE FILL OUT THE BELOW INFORMATION REGARDING YOUR CREDIT REFERENCE INFORMATION

CREDIT REFERENCES:

<u>NAME OF CREDITORS</u>	<u>BALANCE</u>	<u>MONTHLY PAYMENTS</u>
HOME MORTGAGE WITH: _____	\$ _____	\$ _____
SECURED OR UNSECURED: _____	\$ _____	\$ _____
SECURED OR UNSECURED: _____	\$ _____	\$ _____
SECURED OR UNSECURED: _____	\$ _____	\$ _____
SECURED OR UNSECURED: _____	\$ _____	\$ _____
CHECKING ACCOUNT WITH: _____		
SAVINGS ACCOUNT WITH: _____		
TOTAL:	\$ _____	\$ _____

<u>OTHER CREDITORS:</u>	<u>BALANCE</u>	<u>MONTHLY PAYMENTS</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

City of Burlington

Social Security Verification Form

I, _____, give consent for the Social Security Administration to provide the City of Burlington Community development Department, written verification of the amount of funds I receive. I understand that this consent is for the purpose of completing information required for my application for a housing rehabilitation loan.

Signature

Date

Social Security or Claim Number

Witness

This is to acknowledge that is necessary, I agree to a temporary move during the time that my home at _____

Is being rehabilitated through the City of Burlington's Housing Rehabilitation Program. I understand the City will explain fully my temporary move benefits if I am required to move. I further understand that an agreement stating these temporary move benefits will be signed prior to any move.

This, the _____ day of _____, 2010.

Witness

Applicant

LOAN APPROVAL

The City of Burlington hereby approves a loan in the amount of \$_____ to _____ owner(s) of property located at _____ for the rehabilitation of the above referenced dwelling.

The undersigned has examined the application for a rehabilitation loan, including supporting data, and hereby certifies that the property owner(s) qualifies for a _____deferred _____monthly pay loan within the limits of the rehabilitation loan program.

Date

Assistant Planning Director

In consideration of the above and other considerations, a rehabilitation loan is hereby _____approved _____disapproved.

Reasons for disqualifications (if applicable): _____

Date

Planning Director

Date

City Attorney

What is Being Done About NOISE?

All of us have experienced the sound of passing automobiles or trains while working in the yard, walking along a highway or railway, waiting at a railroad crossing or sitting in our home. These are familiar sounds that are often overlooked as we conduct daily activities; however, when these sounds are not wanted they become noise and may create occasional disruptions to routine activities like sleeping or significant adverse health effects such as hearing loss or stressed mental health.

Recognizing that excessive or frequent noise may be harmful to the Nation's citizens, Congress has made it a policy to promote an environment for all citizens that is free from the impacts of harmful noise. In accordance with this policy, the US Department of Housing and Urban Development (HUD) has published regulations that require incorporation of necessary noise reduction measures into HUD-fund housing rehabilitation projects.

Suggested noise reduction measures, which may be incorporated into a rehabilitation project, include the improvements listed in Figure One. However, the actual measures incorporated into each project depend on the amount of rehabilitation assistance provided and noise reduction required. To determine which noise reduction measures, if any, are being incorporated into your home rehabilitation project please contact the Community Development Technician responsible for the project. This individual may be contacted at: (336) 222-5070.

In addition, to incorporation of noise reduction measures into a rehabilitation project, you are also advised to take actions of your own to reduce noise impacts. Suggested actions that you may take to reduce noise are listed in Figure One.

Figure 1

Noise Reduction Measures That <u>May</u> be Part of the Project	Noise Reduction Measures That You May Take On Your Own
<ul style="list-style-type: none">• Close Windows and Doors when Possible• Weather-stripping of Windows and Doors• Sealing of spaces between walls and floors or ceilings• Installation of Blanket Type Insulation in Floors, Ceilings and Walls• Installation of Double-Pane or Double-Glazed Windows• Installation of Solid Core or Insulated Doors• Construction of Walls, with Materials having Appropriate sound Transmission Class (STC) rates. <ul style="list-style-type: none">• Provision of Air Conditioning	<ul style="list-style-type: none">• Use Heavy Drapes on Windows• Close Windows and Doors When Possible• Maintain Weather-stripping on Windows and Doors• Seal Cracks and Holes in Walls• Install or Use Air Conditioning

☐ I have read and received a copy of the Notice entitled "What is Being Done About Noise?"

Print Full Name

Signature

Date

Statement

This is to acknowledge that I, _____ received a lead hazard information booklet from the City of Burlington entitled "Protect Your Family from Lead In Your Home."

This, the _____ day of _____, 2010.

Witness: _____ Applicant: _____

AGREEMENT/ CERTIFICATION BY APPLICANTS (S)

In consideration of and as an inducement to the City of Burlington, North Carolina for providing a loan for the purpose of rehabilitating property located at _____ and owned by the undersigned, (I) (We) do hereby agree as follows:

- Article 1: To maintain the property in good repair and in good order, and to employ proper house keeping practices to the end that a sanitary and orderly living environment is maintained.
- Article 2: That authorized representatives of the City of Burlington shall have the right of entry in and upon the property during reasonable hours upon proper notification for the purpose of assuring that the articles of this agreement are being observed.
- Article 3: To maintain an ongoing contract with a North Carolina licensed exterminating company to control termites and other wood damaging insect infestations.
- Article 4: To maintain fire and casualty insurance with a North Carolina licensed company in the amount not less than necessary to cover all mortgages and liens against the property.
- Article 5: That all reasonable and customary costs of professional services such as attorney fees, credit reports and preparation of work write-ups, etc. are eligible to become part of the loan proceeds.
- Article 6: To maintain smoke alarms to protect sleeping areas.

The applicant (s) further certifies that he/she is the owner of the property described in this application and that he/she occupies this property as a principal of residence.

The applicant (s) further certifies that the information contained in this application is true and complete to the best of the applicant's knowledge and belief. The applicant (s) authorizes the City to obtain any information necessary to process this application. The applicant (s) agrees to submit additional documentation requested by the City necessary for processing this information.

Date

Owner

Date

Owner

Date

Owner